

POSITION	INITIALS	ID NO.	DATE
	<i>HS</i>		<i>04/28/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>65-2-11</i>	
RESPONSE FORMALITY REVIEW		<i>7-7-00</i>	

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>2-25-00</i>
2	<i>2-25-00</i>
3	<i>2-25-00</i>
4	<i>2-25-00</i>
5	<i>2-25-00</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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